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THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Asplin  
Serial No. : 10/649,383  
Filed : 08/26/03  
For : METHOD OF REPAIRING  
DAMAGED CONCRETE SLABS

Examiner: Hartmann, Gary

Group Art Unit: 3671

Date: April 25, 2005

ELECTION/RESTRICTION RESPONSE

Commissioner for Patents  
P.O. Box 1451  
Alexandria, VA 22313-1451

Dear Sir:

In response to the Official Action dated 03/24/05 subjecting claims 1-15 to an election/restriction requirement and having a shortened statutory period for response of 1 month ending on 04/25/05, as 4/24/05 fell on a weekend, please accept the following in the above-identified U.S. patent application as follows:

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CERTIFICATE OF MAILING

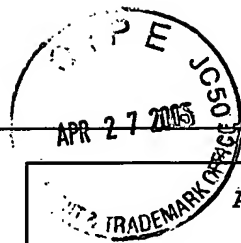
I hereby certify that this correspondence along with an Amendment Transmittal Letter and a postcard receipt is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1451, Alexandria, VA 22313-1451, on April 25, 2005 by Curtis V. Harr, Reg. #37,844.

DATE:

4-25-05

April 25, 2005

Curtis V. Harr



AMENDMENT TRANSMITTAL LETTER			Docket Number (Optional) ASPL-009
Application Number 10/649,383	Filing Date 08/26/03	Examiner G. Hartmann	Group Art Unit 3671
Invention Title: METHOD OF REPAIRING DAMAGED CONCRETE SLABS			

TO THE COMMISSIONER OF PATENTS AND TRADEMARKS

Transmitted herewith is an amendment in the above-identified application.

- ☒ Small Entity status of this application has been established under 37 CFR 1.27 by a verified statement previously submitted.
- ☐ A verified statement to establish Small Entity status under 37 CFR 1.27 is enclosed.
- ☒ No additional fee is required.
- ☐ The fee has been calculated as shown below:

CLAIMS AS AMENDED

	(1)		(2)	(3)		
	Claims Remaining After Amendment		Highest Number Previously Paid For	Present Number Extra	Rate	Fee
TOTAL CLAIMS	15	minus	20	0	x\$50	0
INDEPENDENT CLAIMS	3	minus	3	0	x\$200	\$0
MULTIPLE DEPENDENT CLAIM ADDED					360	0
				TOTAL		\$0
if applicant has small entity status under 37 CFR 1.9 1.27, then divide total fee by 2 and enter amount here.						SMALL ENTITY TOTAL \$0

\* if the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
\*\* if the highest number previously paid for IN THIS SPACE is less than 20, enter "20".  
\*\*\* if the highest number previously paid for IN THIS SPACE is less than 3, enter "3".  
The highest number previously paid for (total or independent) is the highest number found in the appropriate box in column 1.

- ☐ Please change Deposit Account Number \_\_\_\_\_ in the amount of \$ \_\_\_\_\_.  
A duplicate copy of this sheet is enclosed.
- ☐ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account Number \_\_\_\_\_.  
A duplicate copy of this sheet is enclosed.
- ☐ Any patent application processing fees under 37 CFR 1.17.
- ☐ Check No. \_\_\_\_\_ in the amount of \_\_\_\_\_ to cover the \_\_\_\_\_ month extension of time under 37 C.F.R. § 1.136(a).

4-25-05  
Date

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